

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

DAVID EARL WILLIAMS III FOR CONGRESS

ADDRESS (number and street)

1055 W GRANVILLE APT 703

Check if different
than previously
reported. (ACC)

CHICAGO

IL

60660

2. FEC IDENTIFICATION NUMBER ▼

C

C00545533

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

IL

09

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

02

D D /

27

Y Y Y Y

2014

through

M M /

03

D D /

31

Y Y Y Y

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Shari Martin

Signature of Treasurer

Shari Martin

[Electronically Filed]

Date

M M /

04

D D /

13

Y Y Y Y

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 17

Write or Type Committee Name

DAVID EARL WILLIAMS III FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	10500.00	51815.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	10500.00	51815.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	28740.42	52331.99
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	28740.42	52331.99
8. Cash on Hand at Close of Reporting Period (from Line 27).....	892.82	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1489.81	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 17

Write or Type Committee Name

DAVID EARL WILLIAMS III FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

785.00

13035.00

(ii) Unitemized.....

9715.00

38780.00

(iii) TOTAL of contributions from individuals ▶

10500.00

51815.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

10500.00

51815.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

1489.81

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

1489.81

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

10500.00

53304.81

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 17

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	28740.42	52331.99
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	80.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	28740.42	52411.99

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	19133.24
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10500.00
25. SUBTOTAL (add Line 23 and Line 24).....	29633.24
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	28740.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	892.82

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DAVID EARL WILLIAMS III FOR CONGRESS

Full Name (Last, First, Middle Initial)

ELIZABETH BRYDEN**A.**

Mailing Address 1 W 67TH ST APT 611

City

NEW YORK

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

310.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2014

Transaction ID : SA11AI.4701

Amount of Each Receipt this Period

310.00

Full Name (Last, First, Middle Initial)

MARY MELTZER**B.**

Mailing Address 14 EDGECOMB RD

City

BINGHAMTON

State

NY

Zip Code

13905

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2014

Transaction ID : SA11AI.4703

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

BARBARA WILSON**C.**

Mailing Address 2540 GREEN ST

City

SAN FRANCISCO

State

CA

Zip Code

94123

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2014

Transaction ID : SA11AI.4705

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

785.00

785.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DAVID EARL WILLIAMS III FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. BASE CONNECT, INC.Mailing Address 1155 - 15TH ST, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Fundraising

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		20		2014

Amount of Each Disbursement this Period

3942.14

Transaction ID : SB17.4758

B. BASE CONNECT, INC.Mailing Address 1155 - 15TH ST, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Fundraising

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		27		2014

Amount of Each Disbursement this Period

3096.37

Transaction ID : SB17.4759

C. CAPITOL CAGING CORPORATIONMailing Address 504 SHAW ROAD
SUITE 217

City STERLING State VA Zip Code 20166

Purpose of Disbursement
Fundraising

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2014

Amount of Each Disbursement this Period

282.10

Transaction ID : SB17.4757

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7320.61

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DAVID EARL WILLIAMS III FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CAPITOL CAGING CORPORATIONMailing Address 504 SHAW ROAD
SUITE 217City State Zip Code
STERLING VA 20166Purpose of Disbursement
Fundraising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2014

Amount of Each Disbursement this Period

465.90

Transaction ID : SB17.4771

B. CAPITOL CAGING CORPORATIONMailing Address 504 SHAW ROAD
SUITE 217City State Zip Code
STERLING VA 20166Purpose of Disbursement
Fundraising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		27		2014

Amount of Each Disbursement this Period

296.73

Transaction ID : SB17.4774

C. CENTURY DATA MAILING SERVICEMailing Address 1155 - 15TH STREET, NW
SUITE 410City State Zip Code
WASHINGTON DC 20005Purpose of Disbursement
Fundraising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		20		2014

Amount of Each Disbursement this Period

1769.08

Transaction ID : SB17.4760

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2531.71

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DAVID EARL WILLIAMS III FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CENTURY DATA MAILING SERVICEMailing Address 1155 - 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Fundraising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		20		2014

Amount of Each Disbursement this Period

1066.63

Transaction ID : SB17.4772

B. CONSOLIDATED MAILING SERVICESMailing Address 504 SHAW ROAD
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement
Fundraising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		20		2014

Amount of Each Disbursement this Period

12174.16

Transaction ID : SB17.4761

C. CONSOLIDATED MAILING SERVICESMailing Address 504 SHAW ROAD
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement
Fundraising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		27		2014

Amount of Each Disbursement this Period

290.82

Transaction ID : SB17.4762

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

13531.61

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DAVID EARL WILLIAMS III FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DONOR PRECISION, LLC/ DonorBureau

Mailing Address 1900 N CULPEPER STREET

City	State	Zip Code
ARLINGTON	VA	22207

Purpose of Disbursement
Fundraising

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 20 / 2014

Amount of Each Disbursement this Period

589.03

Transaction ID : SB17.4763

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS ROAD

City	State	Zip Code
FAIRFAX	VA	22030

Purpose of Disbursement
Bank fees

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 14 / 2014

Amount of Each Disbursement this Period

249.00

Transaction ID : SB17.4769

C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS ROAD

City	State	Zip Code
FAIRFAX	VA	22030

Purpose of Disbursement
Bank fees

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2014

Amount of Each Disbursement this Period

80.00

Transaction ID : SB17.4770

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

918.03

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DAVID EARL WILLIAMS III FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. LEGACY LISTS, INC. - BROKERAGEMailing Address 1155 - 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Fundraising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		20		2014

Amount of Each Disbursement this Period

726.89

Transaction ID : SB17.4764

B. LEGACY LISTS, INC. - BROKERAGEMailing Address 1155 - 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Fundraising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		27		2014

Amount of Each Disbursement this Period

1964.74

Transaction ID : SB17.4765

C. LEGACY LISTS, INC. - MANAGEMENTMailing Address 1155 - 15TH ST, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Fundraising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		27		2014

Amount of Each Disbursement this Period

704.80

Transaction ID : SB17.4766

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3396.43

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DAVID EARL WILLIAMS III FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. LEGACY LISTS, INC. - MANAGEMENTMailing Address 1155 - 15TH ST, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Fundraising

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

958.47

Transaction ID : SB17.4767

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

958.47

28656.86

SCHEDULE C (FEC Form 3)
LOANS

PAGE 12 OF 17

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4155

DAVID EARL WILLIAMS III FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

DAVID EARL WILLIAMS III FOR CONGRESS

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1055 W GRANVILLE APT 703

City

State

ZIP Code

CHICAGO

IL

60660

Original Amount of Loan

221.89

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

221.89

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 30 / 2013

Date Due

M M / D D / Y Y Y Y
11/30/2014

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

221.89

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 13 OF 17

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4184

DAVID EARL WILLIAMS III FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

DAVID EARL WILLIAMS III FOR CONGRESS

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1055 W GRANVILLE APT 703

City

State

ZIP Code

CHICAGO

IL

60660

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

477.62

0.00

477.62

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
09 / 30 / 2013M M / D D / Y Y Y Y
/ / /M M / D D / Y Y Y Y
/ / /M M / D D / Y Y Y Y
11/30/2014

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

477.62

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 14 OF 17

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4217

DAVID EARL WILLIAMS III FOR CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2014

David Earl Williams III

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1055 W Granville Apt 703

City

State

ZIP Code

Chicago

IL

60660

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

790.30

0.00

790.30

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
12 / 31 / 2013M M / D D / Y Y Y Y
12 / 31 / 2014M M / D D / Y Y Y Y
12 / 31 / 2014

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

790.30

TOTALS This Period (last page in this line only)..... ►

1489.81

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 15 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

DAVID EARL WILLIAMS III FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

BASE CONNECT, INC.

Nature of Debt (Purpose):

Fundraising expense

Mailing Address 1155 - 15TH ST, NW
SUITE 410

City State

Zip Code

WASHINGTON

DC

20005

Outstanding Balance Beginning This Period

7038.51

Transaction ID : SD10.4686

Amount Incurred This Period

0.00

Payment This Period

7038.51

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITOL CAGING CORPORATION

Nature of Debt (Purpose):

Fundraising

Mailing Address 504 SHAW ROAD
SUITE 217

City State

Zip Code

STERLING

VA

20166

Outstanding Balance Beginning This Period

282.10

Transaction ID : SD10.4688

Amount Incurred This Period

0.00

Payment This Period

282.10

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CENTURY DATA MAILING SERVICE

Nature of Debt (Purpose):

Fundraising

Mailing Address 1155 - 15TH STREET, NW
SUITE 410

City

State

Zip Code

WASHINGTON

DC

20005

Outstanding Balance Beginning This Period

1769.08

Transaction ID : SD10.4689

Amount Incurred This Period

0.00

Payment This Period

1769.08

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)

0.00

2) **TOTALS** This Period (last page this line number only)3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

0.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 16 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

DAVID EARL WILLIAMS III FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CONSOLIDATED MAILING SERVICES

Nature of Debt (Purpose):

Printing and Mailing

Mailing Address 504 SHAW ROAD
SUITE 206City State Zip Code
STERLING VA 20166

Outstanding Balance Beginning This Period

12464.98

Transaction ID : SD10.4690

Amount Incurred This Period

0.00

Payment This Period

12464.98

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DONOR PRECISION, LLC/ DonorBureau

Nature of Debt (Purpose):

Fundraising

Mailing Address 1900 N CULPEPER STREET

City State Zip Code
ARLINGTON VA 22207

Outstanding Balance Beginning This Period

589.03

Transaction ID : SD10.4696

Amount Incurred This Period

0.00

Payment This Period

589.03

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LEGACY LISTS, INC. - BROKERAGE

Nature of Debt (Purpose):

Fundraising mailing lists

Mailing Address 1155 - 15TH STREET, NW
SUITE 410City State Zip Code
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

2691.63

Transaction ID : SD10.4697

Amount Incurred This Period

0.00

Payment This Period

2691.63

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) ▶

0.00

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

0.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 17 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

DAVID EARL WILLIAMS III FOR CONGRESSA. Full Name (Last, First, Middle Initial) of Debtor or Creditor
LEGACY LISTS, INC. - MANAGEMENTNature of Debt (Purpose):
Fundraising Mailing listsMailing Address 1155 - 15TH ST, NW
SUITE 410City State Zip Code
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

1663.27

Transaction ID : SD10.4698

Amount Incurred This Period

0.00

Payment This Period

1663.27

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

0.00

2) **TOTALS** This Period (last page this line number only)

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

0.00